

Foster Family Home - Corrective Action Report

Provider ID: 3-527210

Home Name: Florie Domingo, CNA

73-4334 Napoo Place

Kona

HI 96740

Review ID: 3-527210-6

Reviewer: Carol Copeland

Begin Date: 9/26/2018

End Date: 10-23-18

Foster Family Home

Required Certificate

[17-1454-6]

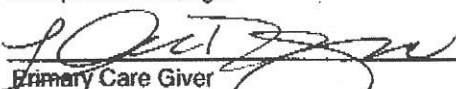
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.


Compliance Manager

10-20-18
Date


Primary Care Giver

10-18-18
Date